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In Pre-School Children: A State Agency and University Cooperative Project

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ABSTRACT

A cooperative project which provided training for graduate students and service to children was developed by personnel from the Program for Exceptional Children, University of South Carolina and the South Carolina Department of Social Services for screening, evaluating and remediation or prevention of possible handicapping condition for children aged three to five years of age. Children in 55 day-care centers were screened for vision, speech and hearing problems. Developmental skills were evaluated and education prescriptions provided in four areas of development: gross motor, fine more, concepts, and communication. From the screening results, approximately 10 per cent of the children were referred for psychological assessment from which individual reports were prepared for each child.

A PROCEDURE FOR ASSESSING AND REMEDIATING POSSIBLE HANDICAPPING CONDITIONS
IN PRESCHOOL CHILDREN: A STATE AGENCY AND UNIVERSITY COOPERATIVE PROJECT

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INTRODUCTION

With the Education of All Handicapped Children Act (P.L. 94-142) becoming law in 1975, a great amount of interest has been generated in the pre-school handicapped child. The law specifically deals with school-age children, but lacks clear-cut guidelines on a national level regarding the pre-school child. However, it is evident through incentive grants to states that provide services to the three-to-five year old child that the intent is there. As with the school-age child, there are specific requirements for identifying handicapped children before and as a part of planning an appropriate educational program for each child.

Diagnosis has occupied a strong position in the schools for some time. It has often been the end instead of the beginning of an on-going process of planning for each child's individual needs. While the development of an IEP is of primary importance, diagnosis and assessment of children with possible handicaps is essential, not only to pinpoint problem areas, but to rule out other suspected handicapping conditions. Diagnosis is, therefore, a prelude to the development of the IEP and the evaluator is an integral part of the education team.

HISTORY

South Carolina has no compulsory or free state-wide kindergarten programs, although many school districts have implemented these on their own. In addition,

there are no free day-care programs for children three to five years of age. The South Carolina Department of Social Services (DSS) has funded a number of such centers throughout the state through the use of Title XX funds. Each county has the basic responsibility for its program; hires its own personnel, provides physical facilities and adopts the philosophy for each center.

Many of the centers' personnel had indicated an interest in gaining more knowledge about the children they served and in developing some form of both preventive and remedial programming for those in need.

PROCEDURE

Through a grant awarded to the Program for Exceptional Children, College of Education, University of South Carolina, a program was developed in collaboration with the South Carolina Department of Social Services to screen, evaluate, and provide appropriate activities for remediation or prevention of possible handicapping conditions for all children attending day-care centers which operate under Title XX funding. A four-part plan was devised which included: 1) a visit to each center by the University personnel involved in the proposed program; 2) screening of each child for speech, vision and hearing; 3) screening each child for developmental skills and abilities to be utilized in developing IEP's and as a basis for psychological evaluation; 4) psychological evaluation of those children who were below designated levels in the previous screening. A model system was developed which followed the essential elements of due process procedures that are required by public schools.

The purpose of the initial contact with each center was twofold: 1) to acquaint the center personnel with the procedures to be followed, and 2) to explain what kind of information they would be receiving from screening procedures, psychological evaluations and educational evaluations. They were encouraged to

ask questions concerning procedures, operating timetable, or any concern they might have relative to each particular center and the children. It was emphasized that no labels would be attached to any child such as mentally retarded, emotionally handicapped, learning disabled, etc. Rather, screening was basically to identify hearing, vision, speech, or physical factors that would need further referral as well as to provide educational prescriptions and psychological evaluation and recommendations.

Medical Screening--The initial screening teams, consisting of 5-7 persons each, visited each center as a group or in two groups of sessions, depending on the number of children to be screened, facilities available for screening, as well as graduate students' academic schedules. Two graduate students were trained by a volunteer medical doctor in the use of the Titmus screening device (pre-school section) with + lens. The Titmus requires a training and screening session for each child--a procedure which was most efficiently utilized by having one person train and the other screen each child. A speech therapist screened all children for speech disorders and checked oral and nasal cavities for possible medical problems which might need to be referred for further attention. An audiologist screened all children for hearing problems. Hearing, vision, and other medical referrals were then made by the center personnel to appropriate medical sources. Speech therapy was recommended for those who were deemed problems in that area.

Developmental Assessment--After reviewing many instruments and procedures, the University personnel decided to use the Developmental Indicator for the Assessment of Learning (DIAL) for educational screening. The DIAL consists of four parts: gross motor--measures the child's ability to use arm and leg muscles for activities such as throwing or catching, skipping, hopping; fine motor--measures the ability to use hands and fingers for activities such as copying,

drawing, cutting, block building; concepts--concerned with basic knowledge such as colors, body parts, and numbers; and communications--measures the ability to understand what is said and to make self understood through speech and language. Sixteen graduate students were trained in the use of the four parts of the DIAL with each DIAL team made up of four graduate students and a captain or coordinator. The DIAL teams followed the screening teams' visits to the centers, always fitting their schedules into that of the center operation with as little interference with regular routine as possible.

Educational Prescriptions--Following the DIAL testing, prescriptions for children who needed them were written based upon individual needs of each child, not the group. All remediation was written so that the child could do specific exercises under the direction of a center teacher and in terms that would not be difficult for the teacher to follow. In fact, many of the activities were of such nature that other children could and did join in on the remediation exercises as part of their overall developmental training.

A format was utilized in the educational prescriptions which was developed after much involvement on the part of all project participants. For the most part the types of remediation needed by one child in the various developmental areas would be the same type of remediation needed by another child either in that center or in another location. For that reason, and in the interest of developing IEP's that would not be too difficult to either write or implement, a kit of activities was developed which was coded in such a way that the classroom teacher could merely look at the areas of developmental weakness and, on that basis, refer to the kit for appropriate activities.

Four distinct remedial areas were developed in line with the DIAL which included gross motor, fine motor, concepts, and communication. Approximately

100 activity cards were developed in each area. These were then coded by age level beginning with developmental age one through age six. All activities were numbered sequentially to keep order within the kit and to facilitate location of cards. Each activity had an objective, the materials necessary, and the prescriptive activity. Further refinement was developed by dividing the areas into more discrete categories. Gross motor included sequential age-level tasks in throwing, standing still, skipping, catching, jumping, hopping, and balance. Communications areas were divided into articulation, remembering, naming nouns and verbs, copying, and telling a story.

Each teacher received a description of the results of each child's performance on the DIAL. She could then go to the activities cards and choose the correct developmental age and activity card. The child could then be given activities in relation to that specific area of weakness.

The end result of this type of program is that teachers constantly use these activities, not only for remediation of deficits, but in developmental activities with all children. Because of their nature, these activities are both enjoyable and non-redundant for the children. Consequently, they actively participate in them time and time again which is so vitally necessary for both development and remediation. The kit and its contents can be used long after the original group of children have been remediated and moved on to formal schooling. All new children entering the centers can go through the sequence of activities using these materials. In essence, it is both a developmental and remediation program with potential for many "generations" of children who attend the centers. Since the kit is reusable, it also economical--a very necessary ingredient in today's education.

Psychological Evaluation--The last procedure in the process was psychological evaluation. The first step in preparing for such evaluation was to check medical referrals and to note any problems which might affect evaluation results. The second step was to check the DIAL scores according to age and sex scales using the recommended cut-off score for referral. Any child who scored below the cut-off for any of the four areas, as well as teacher referrals, was included for further study. After coordinating all screening results, a list of children was prepared to be scheduled for psychological evaluation.

Two tests were selected for the basic psychological evaluation procedure: The McCarthy Scales of Children's Abilities and the Peabody Picture Vocabulary Test (PPVT). The McCarthy was especially useful because it meshed with the areas on the DIAL to a great degree and because the scores were easily interpreted as percentiles and could be compared with CA age peers rather than reported as an IQ or MA. Another reason for choosing the McCarthy was that it does not, at present, have the widespread reputation as an "IQ Test" as do the Wechsler instruments or the Stanford-Binet. The age range was also ideally suited to the pre-school situation with adequate floor and ceiling for the group being evaluated. The PPVT was included because it tapped an area not fully explored in the McCarthy, namely receptive language, and did not require speech on the part of the child; it did, in fact, provide valuable information in assessing children's abilities when compared with the areas measured by the McCarthy.

The psychological assessment team consisted of four educational evaluators (certified in South Carolina) who were serving internships for psychological certification and a coordinating psychologist certified as School Psychologist III in South Carolina. The coordinating psychologist reviewed the tests with the

interns, supervised all testing and checked all tests and test reports. The interns and supervisor coordinated their schedules with those of the center, again trying to disrupt the centers' routines as little as possible.

For each child who was evaluated by a member of the psychological team, an individual report was prepared covering general areas of functioning on the McCarthy, specific deficiencies and strengths relative to the child himself as well as his CA peer group. The PPVT was interpreted as compared with the child's overall and specific abilities and/or problem areas. Recommendations were made relative to each strength or weakness noted. No mention was made of possible future "labelling." However, where there were indications of severe problems, the report emphasized the need for constant remediation and intervention activities and, in some cases, re-evaluation prior to entering school.

SUMMARY

A team approach was utilized by the University of South Carolina and the South Carolina Department of Social Services to identify possible handicapping conditions in three-to-five year old children attending centers funded under Title XX funds. The procedure involved approximately four trips to each of fourteen county centers and 55 individual centers: 1) an explanatory and introductory session with center directors and teachers; 2) screening of hearing, vision, speech, and other physical disorders; 3) screening and evaluation by the DIAL team; 4) psychological evaluations. The objectives of the project were 1) to identify possible medical referrals prior to entering school with early remediation. Since actual referral and follow up was done by center personnel, hard data are not available on actual remediation of medical problems. 2) to screen each child in basic skill areas that are considered important for present

success as well as future academic achievement. 3) to identify possible handicapping conditions that were not physically apparent but which would adversely affect the child's learning at the present time and when he entered school; 4) to develop IEP's that will provide concrete activities for each child to develop optimum skills and knowledge while at the centers which will enable them to better cope with learning activities as they enter formal schooling.